

Fill in this information to identify the case:

United States Bankruptcy Court for the:

_____ District of New Jersey
(State)

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

☒ Chapter 7

☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name Health Tech Harbor, Inc.

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☐ Unknown

4 7 - 3 0 7 4 9 0 7
EIN

5. Debtor's address

Principal place of business

225 Valley Boulevard
Number Street

Attn: Lawrence H. Margolis

Wood-Ridge NJ 07075
City State ZIP Code

Bergen
County

Mailing address, if different

20 Murray Hill Parkway, Suite 210
Number Street

P.O. Box

East Rutherford NJ 07073
City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor Health Tech Harbor, Inc. Case number (if known) _____
Name

6. Debtor's website (URL) www.htharbor.com

7. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business
Check one:
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?
☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3: Report About the Case

10. Venue
Check one:
☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations
Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).
At least one box must be checked:
☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?
☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Health Tech Harbor, Inc.
Name

Case number (if known) _____

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim
above the value of
any lien

<u>Annette Catino</u>	<u>Promissory Notes</u>	<u>\$ 350,000.00</u>
<u>Ramachandra Malya</u>	<u>Promissory Notes</u>	<u>\$ 505,000.00</u>
<u>John Lloyd</u>	<u>Promissory Notes</u>	<u>\$ 250,000.00</u>
Total of petitioners' claims		<u>\$ 4,605,000.00</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative**Name and mailing address of petitioner**

Annette Catino
Name

33981 North 105th Way
Number Street

Scottsdale AZ 85262
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/29/2020
MM / DD / YYYY

X /s/ Annette Catino
Signature of petitioner or representative, including representative's title

Attorneys

Jeffrey T. Testa; Gregory J. Mascitti
Printed name

McCarter & English, LLP
Firm name, if any

Four Gateway Center, 100 Mulberry Street
Number Street

Newark NJ 07102
City State ZIP Code

Contact phone (973) 639-7939 Email jtesta@mccarter.com

Bar number 006071999

State NJ

X /s/ Jeffrey T. Testa
Signature of attorney

Date signed 07/29/2020
MM / DD / YYYY

Debtor Health Tech Harbor, Inc.
Name

Case number (if known) _____

Name and mailing address of petitioner

Ramachandra Malya
Name

247 Piney Point Road
Number Street

Houston TX 77023
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/29/2020
MM / DD / YYYY

X /s/ Ramachandra Malya

Signature of petitioner or representative, including representative's title

Jeffrey T. Testa; Gregory J. Mascitti
Printed name

McCarter & English, LLP
Firm name, if any

Four Gateway Center, 100 Mulberry Street
Number Street

Newark NJ 07102
City State ZIP Code

Contact phone (973) 639-7939 Email jtesta@mccarter.com

Bar number 006071999

State NJ

X /s/ Jeffrey T. Testa

Signature of attorney

Date signed 07/29/2020
MM / DD / YYYY

Name and mailing address of petitioner

John Lloyd
Name

11 Mohawk Avenue
Number Street

Oceanport NJ 07757
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/29/2020
MM / DD / YYYY

X /s/ John Lloyd

Signature of petitioner or representative, including representative's title

Jeffrey T. Testa; Gregory J. Mascitti
Printed name

McCarter & English, LLP
Firm name, if any

Four Gateway Center, 100 Mulberry Street
Number Street

Newark NJ 07102
City State ZIP Code

Contact phone (973) 639-7939 Email jtesta@mccarter.com

Bar number 006071999

State NJ

X /s/ Jeffrey T. Testa

Signature of attorney

Date signed 07/29/2020
MM / DD / YYYY

Name of Petitioner	Nature of Petitioner's Claim	Amount of the claim above the value of the any lien
Whealthcare LLC	Promissory Notes	\$3,500,000.00

<p>Petitioners or Petitioners' Representative</p> <p>Name and mailing address of petitioner</p> <p>Whealthcare LLC 212 E. Timbers Street #170 Houston, TX 77022</p> <p>Name and mailing address of petitioner's representative, if any</p> <p>Ramachandra Malya 212 E. Timbers Street #170 Houston, TX 77022</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on <u>07/29/2020</u></p> <p><u>X /s/ Ramachandra Malya, Chief Executive Officer</u> Signature of petitioner or representative, including representative's title</p>	<p>Attorneys</p> <p>Jeffrey T. Testa; Gregory J. Mascitti McCarter & English, LLP Four Gateway Center 100 Mulberry Street Newark, NJ 07102</p> <p>Contact phone: (973) 639-7939</p> <p>Email: jtesta@mccarter.com</p> <p>Bar number: 006071999</p> <p>State: NJ</p> <p><u>X /s/ Jeffrey T. Testa</u> Signature of attorney</p> <p>Date signed: <u>07/29/2020</u></p>
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**CORPORATE OWNERSHIP STATEMENT
OF PETITIONING CREDITOR WHEALTHCARE LLC**

Pursuant to Rule 1010(b) of the Federal Rules of Bankruptcy Procedure, Whealthcare LLC, as petitioning creditor, respectfully represents that Lotus LCM, Inc. owns 10.6% of its membership units.

DECLARATION UNDER PENALTY OF PERJURY

I, Ramachandra Malya, the undersigned authorized person on behalf of Whealthcare LLC, declare under penalty of perjury that I have read the foregoing Corporate Ownership Statement and that the statement is true and correct to the best of my information and belief.

Date: July 29, 2020

/s/ Ramachandra Malya

By: Ramachandra Malya

Title: Chief Executive Officer